PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chica; U.S.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/786,450 | | | ing Date 25/2004 | To be Mailed |
|--|---|---|---------------------------------------|---|------------------|---|--|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENT | | | | | | | | | | | HER THAN |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) |
| | BASIC FEE (37 CFR 1.16(a), (b), | \neg | N/A | LD NO | N/A | ı | N/A | TEE (a) | | N/A | TEE (8) |
| | SEARCH FEE | | N/A | _ | N/A | ı | N/A | | | N/A | |
| | (37 CFR 1.16(k), (i), (ii), (iii) | E | N/A | - | N/A | ı | N/A | | | N/A | |
| | (37 CFR 1.16(o), (p), (FAL CLAIMS CFR 1.16(i)) | or (q)) | minus 20 = * | | | | x \$ = | | OR | x s = | |
| IND | EPENDENT CLAIM CFR 1,16(h)) | s | minus 3 = * | | | ı | x \$ = | | | x \$ = | |
| | APPLICATION SIZE 37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pape 50 (\$125 ional 50 s | gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s). | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | | ı | TOTAL | |
| APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | |
| AMENDMENT | 05/09/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.18(1)) | • 30 | Minus | 30 | - | ı | x \$ = | | OR | x s = | |
| | Independent (37 CFR 1.16(h)) | • 4 | Minus | ···4 | = | 1 | x \$ = | | OR | x s = | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16(1)) | | Minus | | - | l | x \$ = | | OR | x s = | |
| M | Independent (37 CFR 1.16(h)) | | Minus | *** | | | x \$ = | | OR | x s = | |
| ä | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | 1 | | |
| ΑM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | l | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| If the entry is column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid or "In THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid for "In THIS SPACE is less than 3, enter "3". ELagal Instrument Examiner: ELMIRA HALL The "Highest Number Previously Paid For "(Tail or in Rependend) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to concess) an implication. Confidentially is governed by 85 USE of 22 and 37 CER 1.4. If this collection is estimated to state 2 relativeste to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeocomes for reducing this burden, also also be sent to the Child information Officer. US. Patternit and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patternity, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.